

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 2/10/2009)

See Instructions and \*Privacy  
Statement on Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME

SSAN OR EMPLOYEE NUMBER\*

DEPARTMENT

Lloyd Throne

Community Services and Development

POSITION

CB/ID NO.

DIVISION OR BUREAU

INDEX NUMBER / PCA

Director

Executive

0100-50010

RESIDENCE ADDRESS\*

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

2389 Gateway Oaks Drive, Ste. 100

CITY

STATE

ZIP CODE

Sacramento,

CA

95833

(1) MONTH / YEAR / (3)		(4) LOCATION Where Expenses Were Incurred	(5) LODGING	(6) MEALS			(8) INCIDENTALS	(7) TRANSPORTATION				(9) BUSINESS EXPENSE	(10) TOTAL EXPENSES FOR DAY	
(2) DATE	TIME			Break- fast	Lunch	O.T., I.T., N/C, Relo. or Dinner		(A) Cost of Trans.	(B) Type Used	(C) Carfare, Tolls, Parking	(D) Private Car Use Miles Amount			
Oct-09	NOV	Sacramento to Florida	207.20 <del>207.72</del>	6.00	10.00	18.00		46.00	T		15	8.25	245.45 <del>237.97</del>	
11/1	0600-2000	Florida	207.20 <del>207.72</del>	6.00		18.00	6.00					0.00	237.20 <del>237.72</del>	
11/2	0600-2000	Florida	207.20 <del>207.72</del>			18.00	6.00					0.00	231.20 <del>231.72</del>	
11/3	0600-2000	Florida	207.20 <del>207.72</del>			18.00	6.00					0.00	231.20 <del>231.72</del>	
11/4	0600-2000	Florida to Denver			10.00		6.00					0.00	\$16.00	
11/8	0800-1200	Denver to Sacramento										0.00	\$0.00	
												0.00	\$0.00	
												0.00	\$0.00	
												0.00	\$0.00	
												0.00	\$0.00	
												0.00	\$0.00	
												0.00	\$0.00	
(10)	SUBTOTALS		828.80 <del>830.88</del>	12.00	20.00	72.00	24.00	46.00		0.00	15	8.25	0.00	1011.05 <del>1013.13</del>
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL			OUT OF STATE - FI										\$	1011.05 <del>1013.13</del>

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

10/31-11/8 - NCAF/Energy Conference in Florida

11/4 - Flight from Florida to Denver paid for by Director - Ck # 1249 - \$169.90

(12) NORMAL WORK HOURS

0800-1700

(13) PRIVATE VEHICLE LICENSE #

ADIOSLT

(14) MILEAGE RATE CLAIMED

0.550

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

312-159526

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE (See item 17 on reverse)

DATE